

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Jeff S. Eder

Serial No. 09/688,983

Filed: October 17, 2000

For: AN AUTOMATED RISK TRANSFER

SYSTEM

Examiner: Harish T. Dass

Art Unit: 3628

RECEIVED

AUG 1 6 2004

GROUP 3600

AMENDMENT/REPLY

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir or Madam:

Responsive to the Office Action mailed June 15, 2004, the Applicant requests the Examiner to enter the following amendments and to consider the following remarks.

08/11/2004 SSITHIB1 00000105 09688983 02 FC:1806

180.00 OP

Examiner: Harish Dass

Art Unit: 3628

PTO/SB/17 (10-03)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE AUG 0 9 2004 rk Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

65,00 TOTAL AMOUNT OF PAYMENT (\$)

Com	plete if Known	
Application Number	09/688,983	
Filing Date	October 17000 EILE	<u>-</u>
First Named Inventor	Jeff Eder LOLIVE	
Examiner Name	Harish Dass AUG 1 6 200	4
Art Unit	3628	•
Attorney Docket No.	VM -12 (20) 10 26	こつい

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)						
Check Credit card Money Other None 3. ADDITIONAL FEES							
Order Large Entity Small Entity Large Entity Small Entity							
Deposit	ee Fee Fee Fee De code (\$) Code (\$)	scription Fee Paid					
Account Number	051 130 2051 65 Surcharge - late fill						
Deposit Account	052 50 2052 25 Surcharge - late pr	ovisional filing fee or					
Name The Director is authorized to: (check all that apply)	053 130 1053 130 Non-English specif	ication					
Charge fee(s) indicated below Credit any overpayments	812 2,520 1812 2,520 For filing a request	for ex parte reexamination					
Charge any additional fee(s) or any underpayment of fee(s)	804 920* 1804 920* Requesting publica Examiner action	ition of SIR prior to					
Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account.	805 1,840* 1805 1,840* Requesting publication	ation of SIR after					
FEE CALCULATION	251 110 2251 55 Extension for reply	within first month					
1. BASIC FILING FEE	252 420 2252 210 Extension for reply	within second month					
Large Entity Small Entity	253 950 2253 475 Extension for reply	within third month					
Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	254 1,480 2254 740 Extension for reply	within fourth month					
1001 770 2001 385 Utility filing fee	255 2,010 2255 1,005 Extension for reply	/ within fifth month					
1002 340 2002 170 Design filing fee	401 330 2401 165 Notice of Appeal						
1003 530 2003 265 Plant filing fee	402 330 2402 165 Filing a brief in su	oport of an appeal					
1004 770 2004 385 Reissue filing fee	403 290 2403 145 Request for oral he	earing					
1005 160 2005 80 Provisional filing fee	451 1,510 1451 1,510 Petition to institute	a public use proceeding					
SUBTOTAL (1) (\$)	452 110 2452 55 Petition to revive -	unavoidable					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	453 1,330 2453 665 Petition to revive -	unintentional					
Fee from	501 1,330 2501 665 Utility issue fee (or	reissue)					
Extra Claims below Fee Paid Total Claims	502 480 2502 240 Design issue fee						
Independent 222	503 640 2503 320 Plant issue fee						
Claims — - 3 = — A — — — — — — — — — — — — — — — — —	460 130 1460 130 Petitions to the Co						
Large Entity Small Entity	807 50 1807 50 Processing fee un	* "					
Fee Fee Fee Fee Description		rmation Disclosure Stmt \\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
Code (\$) Code (\$) 1202 18 2202 9 Claims in excess of 20	021 40 8021 40 Recording each party (times nu	mber of properties)					
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	809 770 2809 385 Filing a submissio (37 CFR 1.129(a))	n after final rejection					
1203 290 2203 145 Multiple dependent claim, if not paid	810 770 2810 385 For each additional examined (37 CFF	Il invention to be					
1204 86 2204 43 ** Reissue independent claims over original patent	'	inued Examination (RCE) 385.00					
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	802 900 1802 900 Request for expe of a design applic	dited examination					
	Other fee (specify)						
SUBTOTAL (2) (\$) **or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 565.00						

SUBMITTED BY			(Complete (if applicable))		
Name (Print/Type)	Jeff Edes	Registration No. (Attorney/Agent)	52,849	Telephone ((425)483-4425
Signature	God -			Date	8/9/2004

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